

# *Your Guide To Open Gluteus Medius Repair*



*American Hip Institute*

**Date of Surgery:**

**Location of Surgery:**

If you have been instructed by our staff to obtain testing and medical clearance, this email will contain an attachment with a list of specific pre-operative testing instructions. Please share this list with your primary care physician at the time of your visit. Your testing and clearance must be performed within **30 days of your surgery date**. Please have all results faxed to 630.323.5625.

Your pre-operative appointment will be at our DesPlaines office. At that visit, you will have an appointment with physical therapy for a brace fitting and/or walker/crutch training and with an American Hip Institute Physician Assistant or Nurse Practitioner. Please plan for at least 1-1.5 hours for these visits.

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Your post-operative appointment will be at our DesPlaines office. This visit will be with an American Hip Institute Physician Assistant or Nurse Practitioner.

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Please be sure to assign yourself a surgical coach. A surgical coach is a person who you will designate to attend all of the appointments mentioned above. You will be provided with a vast amount of information regarding your surgical procedure and recovery, your surgical coach will serve as an additional support system throughout this process.

You are entering a mutual relationship in which we are committed to improving the quality of your life. This booklet was developed as a resource and teaching tool to answer questions pertaining to your procedure.

An important part of your recovery is your commitment to the care and rehabilitation of your new and improved hip. We understand that the preparation and recovery processes can be challenging. We encourage you to read through this packet and highlight questions or notes that you can then discuss with the staff.

Please bring this booklet to your pre-operative appointment so we can review it with you.

Thank you for allowing us to take part in your health care needs.

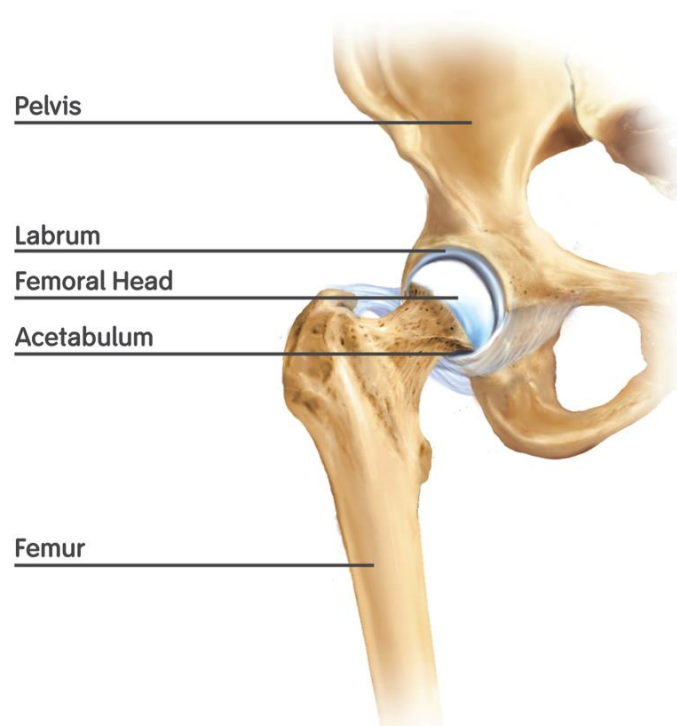
## Your Team

You will have a dedicated team helping you through the surgery process. The team consists of: your surgeon, Physician's Assistant, Nurse Practitioner, care concierge, insurance coordinator, and administrative assistant. Our team is quickest to respond via our email: [info@americanhipinstitute.com](mailto:info@americanhipinstitute.com). If you would like to talk via phone, please email us your preferred contact number.



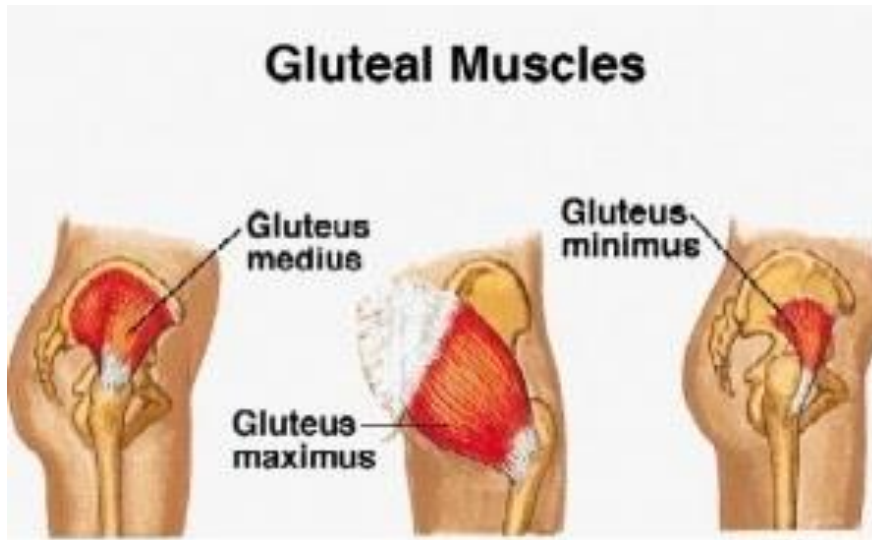
## How the Hip Works

The hip joint is a “ball and socket” joint. The “ball” is known anatomically as the femoral head; the “socket” is the part of the pelvis known as the acetabulum. Both the femoral head and the acetabulum are coated with articular cartilage. Like all joints, the hip has synovial (joint) fluid, acting as a lubricant. There are several tendinous attachments around the hip joint that are also important for hip and lower extremity function. The gluteus medius is a muscle that attaches on the outside of the hip, which is important for abduction (lateral movement away from the body). These muscles help one stand up right and walk without a limp.



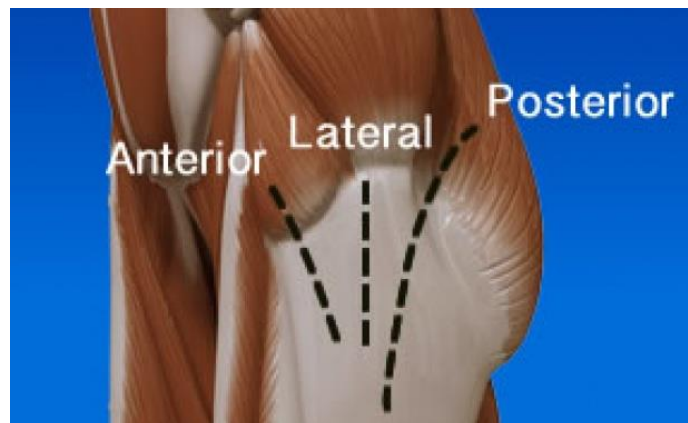
## Gluteus Medius Tears

Gluteus medius tears involve tearing of the gluteus medius muscle from its attachment to the greater trochanter, commonly known as the “lateral hip bone.” Gluteus medius tears may cause persistent pain mimicking trochanteric bursitis, a condition where inflamed tissue causes pain. Gluteus medius tears may also cause weakness and limping.



When physical therapy and injections in the trochanteric bursa do not provide lasting relief, the diagnosis of gluteus medius tear should be suspected. In many cases, a torn gluteus medius can be repaired endoscopically by sewing the torn part of the gluteus medius tendon back to the bone using tiny suture-anchors. This procedure is useful in treating pain, and may restore strength to the gluteus medius muscle.

### Open Gluteus Medius Repair



In situations where the gluteus medius tear is too large to perform an endoscopic surgery, an open gluteus medius repair may be undertaken. The surgery is done from a posterior approach using a 6-8 inch incision. Anchors are used to stabilize the tendon to the bone. In rare cases, the gluteus medius may atrophy, requiring a gluteus maximus transfer to restore strength and function to the hip abductors. An allograft patch may also be necessary to reinforce the tendon after it has been repaired.

## Pre-operative Testing

All patients must receive medical clearance from a medical physician. Your medical history will be reviewed and you will receive instructions and orders for what is needed for you to be medically cleared for surgery. Pre-operative testing may include blood and urine tests, chest x-ray, and EKG. A consultation with your medical doctor and/ or any specialists involved, such as cardiologist or neurologist, will be required and a letter of medical clearance must be received by our office at least ***2 weeks prior to having your procedure.***





# Pre-Surgical Checklist

*In order for your surgical experience to proceed smoothly, each of the following items **must be completed prior** to the day of your procedure.*

- **Discontinuing Medication before Surgery:** Your medications will be discussed with you at your preoperative appointment. You will be given specific instructions on what medications you can continue to take and if any need to be stopped before surgery and if so, for how long.
  - **One week before surgery** it is necessary to stop taking the following medicines unless otherwise directed by your medical physician:
    - All anti-inflammatory medicines (**Aleve, Advil, Motrin, Ibuprofen, Voltaren, Naprosyn, Celebrex, etc.**)
    - Nutritional supplements (**Vitamin E, Ginseng, Ginko Biloba, Garlic, Ginger, etc.**)
  - **Consult with your prescribing physician** for the appropriate and safe discontinuation of any medication before surgery, particularly:
    - **Aspirin, Coumadin, Warfarin, Plavix, Heparin, Lovenox and/or any other blood thinning medications.** These medications need to be safely **discontinued at very specific times** before surgery. Some medical conditions can be life threatening if these medicines are stopped without appropriate timing and precautions.
    - Medicines such as **Enbrel and Humira:** Discuss with your Rheumatologist as some medications need to be **discontinued one month prior** to surgery.
- **Arrange for transportation home following discharge.**
  - You will not be permitted to drive yourself. Your surgery **will be cancelled** if this not arranged.
- **Attend your pre-operative appointment with our staff.**
  - You will discuss surgery and questions you may have. We recommend reviewing this packet and writing down questions you have on the last page to discuss with your health care team.
  - Completed pre-operative testing will be reviewed.

# Clinical Outcomes Program

As part of our commitment to provide you with the highest quality of care, we kindly ask for your participation in our Clinical Outcomes Program.

## What are clinical outcomes?

- Clinical outcomes measure the result of a treatment plan or surgical intervention.
- In orthopedics, we track your progress by concentrating on level of pain, how well you're moving, and your overall quality of life as a result from our care.

## How does this involve me as a patient?

- The success of the American Hip Institute's Clinical Outcome Program depends upon your participation.
- You will periodically receive a brief questionnaire from us via email that will ask for progress updates. Your response enables us to track your results and progress over the short and longer term.

## What do I need to do to participate?

- It's essential that we have your correct email address and that you respond promptly to the questionnaires when they are received.

## Why is the Clinical Outcomes Program important?

- Our goal is to provide exceptional orthopaedic care to all of our patients. Tracking clinical outcomes allow us to measure the quality of care tailored to each individual. It is an evidence-based process that gives us insight into which factors affect outcomes and why some patients have better long-term results than others.

## How secure is my information?

- We follow all federal guidelines for patient privacy. All patient information is protected in accordance with HIPAA electronic data storage on secure servers.
- *Your email address will never be shared or used for any reason other than the purpose of maintaining our relationship with you regarding your health care. Your email is not stored in a file that contains confidential identifiers, such as your social security number. You will never receive an email or a phone call requesting your Social Security number or other personal information related to your identity. Your email is not linked to personal information.*

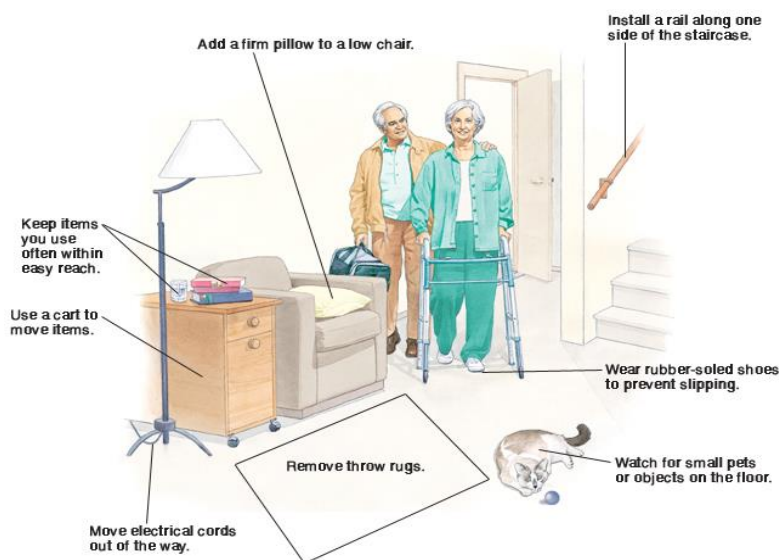
Thank you for allowing us to be part of your health care and for giving us an opportunity to stay in touch with you through the American Hip Institute's Clinical Outcome program. We appreciate your participation.

# Preparing Your Home

(The following information was supplemented from material found on AAOS.org)

Several modifications can make your home easier to navigate during your recovery. The following items *may* help with daily activities. **Many of these items are recommended, but not required.** Speak with your health care team about your individual needs.

- ✓ Remove of all loose carpets, area rugs and electrical cords from the areas where you walk in your home
- ✓ Rearrange furniture to allow adequate walkways
- ✓ Develop plan for managing stairs in and around your home
- ✓ Stock up on ice and easily prepared meals
- ✓ Keep items such as phone, television remotes, medications and other frequently used items close-by
- ✓ Securely fasten safety bars or handrails in your shower or bath
- ✓ Secure handrails along all stairways
- ✓ Obtain a stable chair for your early recovery with a firm seat cushion (that allows your knees to remain lower than your hips), a firm back, and two arms
- ✓ Consider obtaining a raised toilet seat
- ✓ Obtain stable shower bench or chair for bathing
- ✓ Obtain long-handled sponge and shower hose
- ✓ Obtain dressing stick, a sock aid, and a long-handled shoe horn for putting on and taking off shoes and socks without excessively bending
- ✓ Obtain a reacher that will allow you to grab objects without excessive bending of your hips
- ✓ Obtain firm pillows for your chairs, sofas, and car that enable you to sit with your knees lower than your hips



## Day before Surgery

- ✓ *Do not eat or drink anything after midnight, unless otherwise instructed by the hospital or surgical center.* Your stomach needs to be empty for surgery. You will be instructed as to which of your medications can be taken on the morning of your surgery with small sips of water only.
- ✓ **Avoid alcohol and smoking 1 month before surgery and 3 months after your surgery.**
- ✓ ***A Registered Nurse will call you one day prior to surgery*** (Friday for a Monday procedure) to inform you of your arrival time at the surgery center or hospital and to answer any additional questions.
  - ***The nurse will call between 3-7pm the day before surgery. If you have not heard from a nurse by 7pm the day before surgery, please call the surgical center or hospital to ask.***
  - The contact numbers and addresses for the surgical center and hospitals are provided at the end of this packet.
- ✓ Shower with Hibiclens© antibacterial soap the night before and the morning of your surgery. **Hibiclens can be purchased as an over the counter item at your local pharmacy. Avoid using Hibiclens on the face, genitals, or mucous membranes.**
  - You may use regular shampoo and conditioner on your hair.
  - Do not use lotions, powders or deodorants after cleansing with Hibiclens.
  - If you have any allergies or sensitivities to soaps, you may use your own soap. **Please discuss with your health care team at your pre-operative visit.**
  - Do not shave near the area of your surgery for 3 days prior to your surgery.
  - Follow your normal oral care routine.
  - Do not wear makeup or nail polish the day of surgery.
  - Use clean towels and bedding the day before surgery.



# Day of Surgery

Your surgical team will consist of: your surgeon, a nurse practitioner, physician assistant, anesthesiologists, registered surgical nurses, and physical therapists. Each individual is important in your care and will provide their expertise to give the best surgical and rehabilitative experience.

- ✓ **Follow the Fasting Instructions** provided to you during your pre-operative telephone call. Refrain from any food or drink after 12:00 midnight the night prior to surgery, unless otherwise instructed by the hospital or surgical center. If you were instructed to take any of your medications, take the morning of your procedure with a sip of water. If you are diabetic, do not take any oral medication for your diabetes unless otherwise instructed to by your medical physician.
- ✓ Dress comfortably. You may also bring personal items such as toiletries and a robe.
- ✓ Comfortable walking shoes (preferably slip on shoes with a back for stability while walking) are strongly recommended.
- ✓ Staff will guide you to the pre-operative unit. Here you will be asked to change into a gown and be prepared for surgery.
- ✓ The site of surgery will be shaved and prepped.
- ✓ You will need to remove contact lenses. Please bring glasses as needed.
- ✓ Any dentures or partials will need to be removed.
- ✓ Alert the RN of any allergies that you may have (penicillin, latex, iodine/shellfish).
- ✓ An IV will be inserted for access, fluids, antibiotics and medications. You will also be given several medications pre-operatively.
- ✓ Family members or your designated contact person will be directed to the waiting room during your surgery.
- ✓ The Anesthesiologist will review your medical history and explain the methods for anesthesia and the risks and benefits involved.
- ✓ Your surgeon will see you prior to anesthesia to answer any last minute questions and sign the surgical site.
- ✓ Staff will bring you to the operating room. You will be asked to position yourself on the operating room table. The surgical team will adjust your position, provide warming blankets, and ensure that all body parts are safely positioned and well-padded.
- ✓ In the recovery room, an experienced recovery room nurse will closely monitor you.
- ✓ Your surgeon or surgeon's assistant will go to the waiting room after surgery to speak with your family or designated person. Your family should

expect someone to speak with them approximately 2 hours after the start of surgery.

- ✓ As you wake up from the anesthesia you will be transferred to a private second phase recovery room where your family or designated person will be able to see you.

## Following Your Surgery

### If Discharged to Home:

- ✓ Take 10 deep breaths each hour.
- ✓ Based on your physical therapist's recommendations -- get up and walk every hour. Walk as much as possible.
- ✓ Only 20 lbs. of weight may be placed on the operative extremity.
- ✓ If applicable, a home health nurse will visit you in your home. Please share Home Health resource page with your provider.
- ✓ A physical therapist will also visit you in your home for 1-2 weeks after your surgery.
- ✓ Keep your post-operative visit with our team as scheduled, 10-14 days after surgery.

### If Discharged to Skilled Nursing Facility or Rehabilitation Facility:

Most patients receive physical therapy twice daily & occupational therapy once per day. These services will help evaluate and develop individualized treatment plan for you.

### Information for Skilled Nursing or Rehabilitation Staff:

- ✓ If on Xarelto while hospitalized, please continue. Most patients have this prescribed for a total of 30 days. The usual dosing is as follows: 10mg tablet once per day x30 days postoperatively.
- ✓ If normally on Coumadin at home, discharge on Lovenox and regular dose of Coumadin, discontinue Lovenox when therapeutic on Coumadin. **Please request the patient's primary care provider to manage Coumadin therapy.**
- ✓ Instruct patient on incision care, pain management, and hip precautions (no active abduction or flexion past 90\*)
- ✓ Please leave the surgical dressing in place for 3 days after surgery. The dressing may be removed and the wound cleansed with gentle soap and water on day 3 after surgery. A new dressing may be replaced, or the wound left open to air.
- ✓ Let steri-strips or Prenio (clear gauze dressing) fall off on their own.
- ✓ Please keep the patient's postoperative visit as scheduled 10-14 days after surgery. This is at the American Hip Institute.
- ✓ Anti-embolism stockings are to be worn for 4 weeks postoperatively.

## Immediate Post-Operative Care

When the anesthesiologist and the recovery room nurse have determined it is safe for discharge to home, the nurses will go over a series of instructions and materials to ensure you are prepared for the next step in your recovery. Other materials given to you will include:

### After Surgery Medicine Prescriptions

- ✓ Pain medicine prescription and directions for usage will be provided following surgery. Commonly prescribed medications include:
  - Percocet – Prescription pain medication (narcotic)
  - Colace – Over-the-counter stool softener
  - Xarelto – Blood clot prevention medication
- ✓ Take your postoperative medications as directed.
- ✓ Do not mix pain medicine with alcohol or other sedating drugs.
- ✓ Use your pain medication just as needed for pain. We recommend that you begin taking the pain medication right as you begin to feel pain.
- ✓ ***You are not allowed to drive while taking pain medication.***
- ✓ ***DO NOT take anti-inflammatory medications for 8 weeks after surgery (No ibuprofen, Naprosyn, Motrin, Aleve, Advil) as these can impair how well the tendon heals to the bone.***



## Medication questions

- ✓ You may contact your pharmacist or e-mail the team at [info@americanhipinstitute.com](mailto:info@americanhipinstitute.com). For urgent after hour questions please contact our provider on call at (833)-USA-HIPS.
- ✓ **If you are having a medical emergency (such as trouble breathing, chest pain, etc.), call 911!**

## Refill requests

- ✓ *Please call your pharmacy and ask them to fax our clinical assistant a refill request to: (630) 323-5625*
- ✓ Refills are authorized Monday – Friday 8am-4 pm and may take up to 48 hours to be authorized.
- ✓ *Narcotic medications such as Percocet or Norco cannot be called into a pharmacy and must be written or printed out and picked up at the office. This is a state law and there are no exceptions. Please plan accordingly.*
- ✓ PLEASE NOTE: A limited amount of pain medication, such as Percocet, can be dispensed through our office due to some state and insurance guidelines. You will be issued a prescription for pain medication and 1 refill, if needed. If you exceed the allotted refill amount, you must schedule an appointment and obtain your medication from a Pain Management Specialist or your Primary Care Physician.

## Physical Therapy Prescription

- ✓ After surgery you will be given a prescription for physical therapy, which will provide details about your individual rehabilitation protocol.
- ✓ Home physical therapy and nursing care will begin after your surgery.
- ✓ You will begin outpatient physical therapy 1-2 weeks after surgery, or when recommended by your doctor or in-home physical therapist.





## At Home Following Your Surgery

**It is common to have the following reactions after surgery:**

- Low-grade fever (<101.4° F) for about a week.
- Small amount of blood or fluid leaking from the surgical site.
- Bruising, swelling and discoloration in the involved limb or adjacent areas of the body.
- Mild numbness surrounding the wound site, possibly for multiple months.

**The following *reactions are abnormal*. If you should have any of the following symptoms, please contact our team or go to the nearest emergency room:**

- Fever of > 101.4° F
- Progressively increasing pain
- Excessive bleeding
- Persistent nausea and vomiting
- Excessive dizziness
- Persistent headache
- Red, swollen, oozing incision sites

**The following *reactions may require emergent intervention* or a visit to the Emergency Room:**

- Chest Pain
- Shortness of breath
- Fainting or Loss of Consciousness
- Persistent Fevers > 100.5°F
- Weakness, numbness, or inability to move operative extremity
- Red, swollen, or painful calf and/or increased numbness or tingling in your foot

**\*\*\*For any *urgent* medical questions after business hours**

- Please call our main line at (833) USA-HIPS (833-872-4477) and the answering service will contact the provider on-call.

# Incision and Wound Care

## Initial Wound:

- ✓ Absorbable sutures are used to close the wound
  - Do not need to be removed
- ✓ Glue is used on top of the incision
- ✓ Cover Strips (Steri-strips) or Prenio (clear gauze dressing)
  - Do not remove
  - Let these fall off on their own
- ✓ Top Silver Dressing
- ✓ Please leave your surgical dressing in place for 3 days after surgery. You may remove the dressing and shower on day 3 postop. See proper cleaning instructions below.

## Caring for Your Incision:

- ✓ Watch for signs of infection, which can include redness, pain, drainage, or foul odor. If you see any of these signs please call our office at 833-USA-HIPS and state you are calling because you think your wound may be infected.
- ✓ If you feel warm or feverish, please take your temperature – call our office for temperatures  $> 100.5^{\circ}\text{F}$
- ✓ To properly clean your incision: wash the wound with soap and water and pat dry with a clean towel. Avoid rubbing the incision site.
- ✓ Do not apply creams or lotions to your surgical wound.
- ✓ Do not soak your hip in water by taking a bath, using a hot tub, or swimming.

# Blood Clot Prevention

There is a risk of blood clots after hip surgery; fortunately, there are several things you can do to help decrease your risk. This page discusses signs and symptoms of a blood clot and what you can do to help prevent one.

## What are Signs of Blood Clot?

*If you experience chest pain, difficulty breathing or severe headache call 911 immediately as these could be signs that a blood clot has broken off and traveled to other parts of your body.*

## *Symptoms to look for in your lower legs:*

- ✓ Redness
- ✓ Pain
- ✓ Warmth
- ✓ Swelling

## What Steps Can I Take to Help Decrease My Risk?

- ✓ Stay mobile and avoid long bouts of sitting or laying in bed
- ✓ Wear your compression stockings
- ✓ Use your sequential compression devices (if applicable)
- ✓ Ankle pumps (pictured to the right )



There are several medications to help prevent blood clots. These medications are also called blood thinners or anticoagulants. These medicines will be used for between 2-6 weeks after surgery. You maybe notice that you bruise more easily when using this medicine. Your health care team will discuss the best medications options for you for use after surgery.

## Medications We Often Prescribe to Help Prevent Blood Clots:

- ✓ Xarelto 10mg tablets: Take one tablet by mouth once per day for a total of 30 days.
  - Not all patients will be prescribed this medication. Pleas ask about your specific medication requirements at your pre-operative visit.

## Signs of Excessive Bleeding May Include:

- Nose bleeds
- Stomach pains
- Spitting up blood
- Blood in your urine or stool
-

## Durable Medical Equipment (DME)

- ✓ Durable medical equipment is any medical equipment used in the home to aid in a better quality of life or to aid in recovering from surgery.
- ✓ Examples of DME include:
  - Rolling walker
  - Cane
  - Raised toilet seat
- ✓ Special note for Medicare patients – you will receive all DME equipment from the hospital.



# Physical Therapy

Physical therapy is an important part of your recovery. Everyone receives physical therapy, but your schedule may differ depending on whether you stay overnight in the hospital or are discharged the same day.

## **In Hospital:**

- ✓ Physical therapy will see you the same day of surgery.
- ✓ First session usually involves sitting up on the side of your bed, then progresses to walking with the help of an assistive device.
- ✓ Your goal is to be up as much as possible.
- ✓ Physical therapy will assist you with:
  - Taking more steps in your room
  - Walking down the hall
  - Climbing stairs

## **Home:**

- ✓ Walk as much as possible adhering to your 20# weight bearing restriction.
- ✓ Home PT will ensure that you are mobilizing safely and will encourage you to walk as much as possible.
- ✓ Please give the Resource Page for Physical Therapy from this packet to your therapist.

## **Outpatient Therapy:**

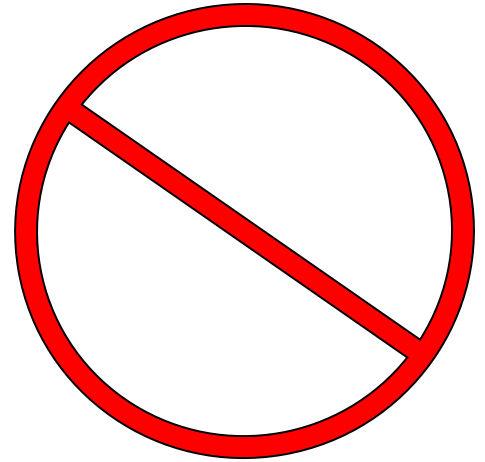
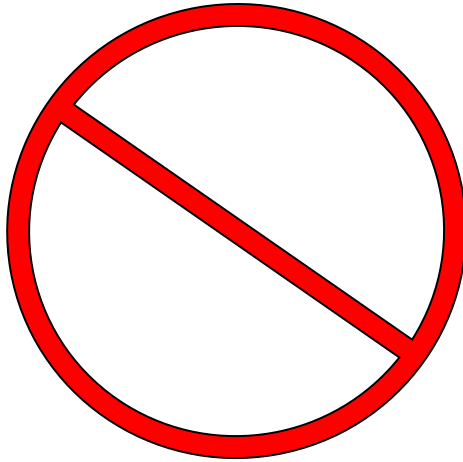
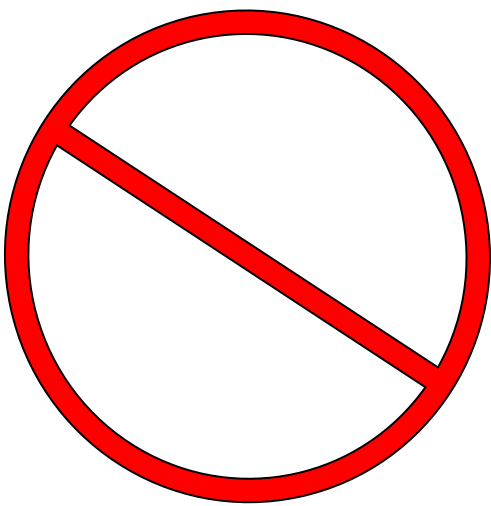
- ✓ Most patients start outpatient physical therapy 1-2 weeks after surgery.
- ✓ Your physical therapist will develop an individualized plan for you.
- ✓ Outpatient PT is completed for 8-12 weeks.

## **Hip Precautions**

Hip precautions are a list of identified movements that must be avoided after your surgery. Hip precautions are based on the surgical approach used. See below for instructions. These movements should be avoided for the first 6 weeks after surgery to allow for healing. Your team and physical therapist will review these precautions with you.

## Hip Precautions

- ✓ Avoid combined hip flexion and internal rotation
- ✓ Sleeping
  - ✓ Do not cross your legs
  - ✓ Do not turn your toes in
  - ✓ Do not bend more than 90° at the waist
  - ✓ Use chairs with arm rests or high seats
  - ✓ Place a firm cushion on the seat of a chair to raise its height
  - ✓ Sit with your knees level with or lower than your hips
  - ✓ Please see pictures below for positions to avoid







## **Resource Page for Home Physical Therapists**

### **Instructions:**

See patient as ordered until able to transition to outpatient PT center. Below are recommendations; however, you will determine the protocol on an individual basis.

- ✓ 20# flat foot weight bearing and brace use at all times.
- ✓ Assess need for assistive devices. Patient may obtain a rolling walker, raised toilet seat and /or any other assistive device if needed.
- ✓ Instruct on hip precautions and on home safety.
- ✓ Hip precautions.
- ✓ Increase mobility with gait training, transfers, and stair climbing.
- ✓ Active/Active assisted/Passive hip flexion to 90\* or as tolerated.
- ✓ Active/Active Assisted Knee Range of Motion.
- ✓ Transfer training.
- ✓ Gait training – strict 20# flat foot weight bearing.
- ✓ Stair training.
- ✓ Quad sets and short arc quads.

## **Resource Page for Home Health Nurse:**

### **Instructions:**

- ✓ See patient as ordered for 1-2 weeks. Check vital signs and incision at each visit.
- ✓ In most cases, most patients are discharged with Xarelto, 10mg daily for 30 days. Please verify patient is taking their anticoagulation.
- ✓ Instruct on incision care and pain management.
- ✓ Provide instructions regarding coughing and deep breathing every hour.
- ✓ Remove dressing and shower 3 days after surgery. The incision may be cleansed with gentle soap and water, patted dry, and a bandage reapplied only if needed.
- ✓ Let steri-strips or Prenio fall off on their own.
- ✓ Patient should return to our office for an incision check at day 10-14d after surgery, this appointment is scheduled.
- ✓ Anti –embolism stockings to be worn for 4 weeks

**If you have questions, please contact our office either through e-mail [info@americanhipinstitute](mailto:info@americanhipinstitute) or call 833-USA-HIPS.**

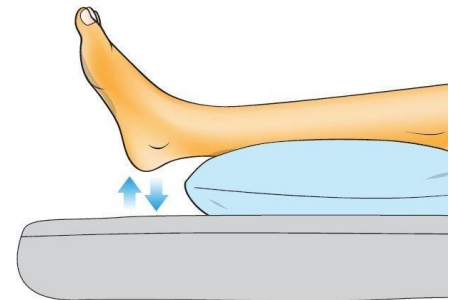
# Self-Management

## Reducing Leg Stiffness and Swelling:

- ✓ Continue exercises regularly after surgery to strengthen the muscles and stabilize your joint.
  - Ankle pumps – Point and flex your feet 10-30 times an hour
- ✓ Wear your compression stocking or TED hose as directed after surgery.
  - Wear TED hose daily. Take TED hose off for showering. You may leave off for 1 – 2 hours, then put back on.
  - Wash stockings daily.
  - Check skin under stockings daily.
- ✓ Elevate your leg(s) above your heart to help lessen swelling. You should elevate your legs as much as possible throughout the day.
- ✓ Ice the hip and thigh at least 3-5 times per day. Do not place the ice pack directly on your skin. Use a towel or pillowcase to avoid direct contact.



compression stockings



ankle pumps

## **Help keep your pain managed:**

- ✓ Take pain medications with food and at least 30 minutes before a physical therapy session.
- ✓ Do NOT take anti-inflammatories (Ibuprofen, Motrin, Aleve)-these can impair healing of the tendon after surgery.
- ✓ Tylenol or acetaminophen may be used instead of you narcotic pain medication.
- ✓ Use ice packs at least 3-5 times per day. Ice the hip and thigh after exercise to help decrease swelling and pain.

**Avoid constipation:** This can be a common side effect from pain medications.

- ✓ Drink plenty of fluids - water is preferred
- ✓ Use a stool softener, like Colace, while taking pain medicines
- ✓ Take a laxative like Dulcolax, as needed
- ✓ Eat a high fiber diet

## **Sleeping:**

- ✓ Avoid long naps during the day to help get back to a more normal sleep pattern.
- ✓ Sleeping positions
  - Lay/sleep on back or side
  - Place a pillow between knees if laying on the non-operative side/hip

# Traveling

## Driving:

**You are not able to drive while taking pain medications.** Driving should not be undertaken until you can drive safely.

If you do drive:

- ✓ If right leg is surgical leg: You cannot drive until your weight bearing restriction is lifted.
- ✓ You can apply for a temporary, six-month handicap sticker from the state of Illinois. You need the DMV application form, which our team can assist you with. Please ask about a handicap sticker prior to your surgery, as a health care provider's signature is needed on the form. You may obtain the form at your preoperative visit or the form can be mailed to you.

## Flying:

**For airplane travel in the six weeks after your surgery, please notify our staff so we can prescribe a dose of medication needed for safer travel.**

If you do fly:

- ✓ Make sure you stand up and move around the cabin often and as able according to your flight crew. It is also a good idea to do ankle pumps while sitting in your seat.

## Going Back to Work

Returning to work is different for each individual as it depends on your recovery process and the type of work you perform. Discuss your job tasks and responsibilities with your health care team so you can start talking with your employer about returning to work before surgery. Make sure you provide time to going to outpatient therapy.

### **Return to Work Low to Medium Demand:**

Sitting job:	2 – 10 weeks after surgery
Combination sitting and standing:	6 – 12 weeks after surgery
Standing:	8 – 12 weeks after surgery

### **Return to Work High Demand/Heavy Labor:**

Full unrestricted duty will be determined on an individual basis, usually between 4 – 6 months.

## Family Medical Leave Act (FMLA) Paperwork

Many patients require completion of FMLA paperwork for their job. As this paperwork is long, please allow 7 – 10 days for completion.

- **Please submit paperwork prior to your preoperative appointment.**
  - Fax to: (630) 323-5625.
- Make sure your paperwork indicates your name and date of birth and includes a job description, which details specific tasks related to physical demands.



# Hospital Locations



***Munster Specialty Surgery Center***  
***9200 Calumet Avenue, Ste 100***  
***Munster, IN 46321***  
***(219) 595-0789***



***Good Samaritan Hospital***  
***3815 Highland Avenue***  
***Downers Grove, IL 60515***  
***(630) 275-5900***



***St. Alexius Medical Center***  
***1555 Barrington Road***  
***Hoffman Estates, IL 60169***  
***(847) 843-2000***



***North Shore Surgical Suites***  
***8400 Lakeview Pkwy***  
***Pleasant Prairie, WI***  
***(262) 455-7548***



***Lutheran General Hospital***  
***1775 Dempster Street***



***Park Ridge, IL 60068***  
***(847) 723-2210***

# **If you're happy, spread the word!**

## **Review our team:**

### **1. GOOGLE +**

- a. Sign into Google (Gmail) account
- b. Click on the small pencil to write a review
- c. Follow instructions to create a public google + account if necessary
- d. Select number or stars
- e. Insert review in the box
- f. Select publish

### **2. YELP**

- a. Select Write a review
- b. Select number or stars
- c. Insert review in the box
- d. Select sign up and Post – Either sign up or sign in to your Yelp account

### **3. VITALS**

- a. Select number of stars (overall & specific)
- b. Insert Title of Review
- c. Insert Review
- d. Select Submit review

### **4. HEALTH GRADES**

- a. Select number of stars or sliding scale
- b. Select Submit Survey

### **5. RATE MD**

- a. Select add rating
- b. Select number 1-5 in categories
- c. Fill in any comments
- d. Check box to verify comments
- e. Select Add New Ratings

### **6. FACEBOOK**

- a. Login to account or create one
- b. Select number of stars
- c. Fill in any comments
- d. Select Review

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## Frequently Asked Questions

1. What do I need to do with my surgical bandages after I am discharged? *See wound care instructions.*
2. When can I drive again? *There is no specific time frame when driving is allowed; however, general guidelines are listed on page 38. If you are unsure about your ability and when you can start driving, email our team at: [info@americanhipinstitute.com](mailto:info@americanhipinstitute.com)*
3. What do I do if I run out of my medications? *Please see instructions as noted in your packet. Refills can take up to 48 hours or may need to be picked up at our office (for narcotics) per state law. Plan accordingly so you do not have a gap between needed medications.*
4. I'm having trouble with having a bowel movement after surgery – what should I do? *This is very normal and a common side effect of many pain medications. Colace is an over the counter medicine that helps with constipation, which you received a prescription for at your preoperative appointment. Please take this medication as prescribed. We also recommend drinking lots of fluids. If you do not have a bowel movement within 5 days of surgery, please inform our team and your primary care physician.*
5. What is the difference between **outpatient** versus **inpatient** versus **sub-acute** rehabilitation after my surgery? *Outpatient means you will travel to therapy from home. Inpatient or sub-acute rehabilitation means you will be staying at a specialized facility, such as a rehab center or nursing facility. The type of rehabilitation you attend is most dependent on other health conditions you may have. This will be discussed prior to your surgery.*

*Please write down questions here that you would like the team to answer or discuss during your preoperative visit.*